FASD: Knot Alone

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U.S. Surgeon General Releases Advisory on Alcohol Use in Pregnancy

U.S. Surgeon General Richard H. Carmona has warned pregnant women and women who may become pregnant to abstain from alcohol use. His February 21 advisory noted the risks of giving birth to a baby with fetal alcohol spectrum disorders (FASD). FASD is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

> *I now wish to emphasize to prospective parents, health care practitioners, and all childbearing-aged women, especially those who are pregnant, the importance of not drinking alcohol if a woman is pregnant or considering becoming pregnant.*
>
> —Richard Carmona

The new warning updates a 1981 Surgeon General's Advisory that suggested that pregnant women limit the amount of alcohol they drink. "We must prevent all injury and illness that is preventable in society, and alcohol-related birth defects are completely preventable," Dr. Carmona said. He also noted that we do not know what, if any, amount of alcohol is safe. However, the risk of a baby being born with an FASD increases with the amount of alcohol a pregnant woman drinks. Thus, pregnant women should not drink alcohol.

Studies show that a baby could be affected by alcohol even before a woman knows that she is pregnant. Therefore, the Surgeon General recommends that women who may become pregnant also abstain from alcohol. His new advisory is part of Surgeon General Carmona's "The Year of the Healthy Child" agenda. For more information about "The Year of the Healthy Child," visit www.surgeongeneral.gov.

New Research on FASD Reveals Widespread Risk and Offers Hope for Improved Diagnosis

More Than Half of Women Who Might Become Pregnant Use Alcohol

More than half of women who might become pregnant use alcohol, including more than 10 percent who binge drink. In addition, 1 in 10 pregnant women drinks alcohol, including 2 percent who engage in binge drinking or frequent drinking (see table below). The Centers for Disease Control and Prevention (CDC) released these findings in a recent *MMWR* article. The findings are based on data from the Behavioral Risk Factor Surveillance Survey (BRFSS).

The data provide the first look at alcohol use nationwide among pregnant women and women who might become pregnant. Both are important target audiences for FASD prevention efforts.

In This Issue

continued on next page

Prevalence* of Alcohol Consumption Among Childbearing-Aged Women (18-44 Years)† by Drinking Pattern and Pregnancy Status—United States, 2002

Pregnancy Status	Drinking Pattern‡	%	(95% Confidence Interval)
Pregnant	Binge§	1.9	1.3-2.8
	Frequent use¶	1.9	1.3-2.8
	Any use	10.1	8.4-12.1
Might become pregnant	Binge	12.4	11.0-14.1
	Frequent use	13.1	11.6-14.8
	Any use	54.9	52.4-57.4
All respondents	Binge	12.4	12.0-12.9
	Frequent use	13.2	12.7-13.6
	Any use	52.6	51.9-53.3

Source: BRFSS, 2002.
*Estimated prevalence population weighted to represent U.S. women age 18-44 years.
†A total of 64,181 women, including 2,689 who were pregnant and 4,404 who might become pregnant.
‡Categories are not mutually exclusive.
§Five or more drinks on one occasion.
¶Seven or more drinks per week or binge drinking.

Prenatal alcohol exposure can cause fetal brain damage and other problems at any time during pregnancy. Damage can occur as early as 3 to 6 weeks gestation, before most women know they are pregnant. Any woman of childbearing age who drinks and has unprotected sex is at risk for an alcohol-exposed pregnancy. The risk rises with increased consumption.

The BRFSS is a monthly telephone survey of adults across the United States. The 2002 survey included 64,181 women aged 18 to 44 years. Among them, 2,689 women identified themselves as pregnant. Researchers identified 4,404 women who might become pregnant. The women were asked about their drinking patterns during the previous month and their use of birth control.

For details, see "Alcohol Consumption Among Women Who Are Pregnant or Who Might Become Pregnant—United States, 2002." Visit www.cdc.gov/mmwr/preview/mmwrhtml/mm5350a4.htm.

Experts Suggest New Clarifications for FASD Diagnosis

Researchers have proposed a new clarification of the 1996 Institute of Medicine (IOM) criteria for diagnosing various fetal alcohol spectrum disorders. The clarification should make the diagnostic process easier and more precise. Ultimately, it may improve diagnosis and care of children with an FASD.

The clarification was published in the January edition of *Pediatrics*. It emerged from the results of a large study of high-risk populations in the United States and South Africa. The authors' proposal clarifies the original IOM criteria, defines alcohol-related birth defects and alcohol-related neurodevelopmental disorder, and describes a multidisciplinary approach to diagnosis. The clarification also is evidence based and accurate. In addition, it stresses that clinicians need to exclude other possible diagnoses that have signs similar to FASD.

Two sets of diagnostic criteria are generally used to identify FASD: the 1996 IOM criteria and the University of Washington criteria, which were based on the medical records of children diagnosed through the Washington State Fetal Alcohol Syndrome Diagnostic and Prevention Network. The authors of the *Pediatrics* article state that the IOM criteria and the Washington criteria represent important progress in diagnosing fetal alcohol spectrum disorders. However, both suffer from critical ambiguities. The researchers praised the Washington approach for its accuracy but stated that the many categories could be confusing and impractical.

For details, see "A Practical Clinical Approach to Diagnosis of Fetal Alcohol Spectrum Disorders: Clarification of the 1996 Institute of Medicine Criteria," by H. Eugene Hoyme et al. Check the January 2005 edition of *Pediatrics* by visiting pediatrics.aappublications.org/cgi/content/abstract/115/1/39.

From the Field

States Expand FASD Efforts

Alaska Governor Frank Murkowkski proposed a $1.1 million increase in the State's 2006 budget specifically for fetal alcohol syndrome (FAS) prevention. The Governor has also proposed a $6 million increase for substance abuse prevention.

Last November, the Alcohol and Gaming Division of the New Mexico Regulation and Licensing Department conducted an Alcohol Server Education Program. This program was created by the University of New Mexico Center on Alcoholism, Substance Abuse and Addictions. New Mexico is the only State that mandates inclusion of FASD information in all alcohol server training.

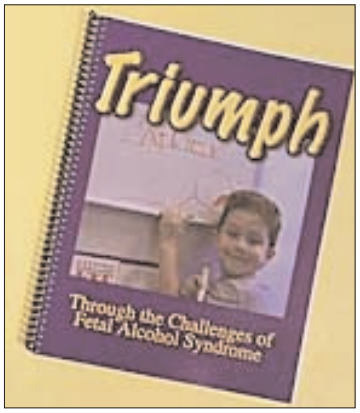
The State mandates at least 30 minutes of training on FASD. Romero says, "Working with and educating alcohol servers on FASD is the place where all States need to get. We have an opportunity to inform and get buy-in from the people that have direct contact with the women using alcohol during pregnancy."

Centers for Disease Control and Prevention (CDC) Grantees Offer New Curricula

Four CDC grantees now offer new FASD curricula. The curricula target various audiences and provide information about FASD and ways to access services. The materials have been tested through multiple trainings and have been evaluated. The curricula are described below.

The Arc of the United States, Silver Spring, Maryland

The Arc has developed and tested a comprehensive curriculum that can be presented to adult learners in a workshop format. Three modules discuss FASD, caring for children with an FASD, and advocating for services and supports. The Arc has conducted over 30 trainings in approximately 20 States for parents and caregivers, professionals, and trainers. For more information about these materials and how to order them, visit www.thearc.org.



Double ARC, Toledo, Ohio

Double ARC has developed and tested two training curricula, one for parents and the other for teachers. The parent curriculum describes the core deficits of children with an FASD, effective parenting techniques, and ways to access services for children, including school programs. The curriculum for teachers describes FASD, ways to recognize children who might have an FASD, and approaches to enhancing school performance. Double ARC has also created a video for use with this curriculum. Both curricula have been tested with over 400 participants in sessions for parents and teachers. For more information about these materials and how to order them, visit www.doublearc.org.

Education Development Center (EDC), Newton, Massachusetts

EDC has developed and evaluated an online education package about FASD, worked with State agencies to create a State cadre of trainers, and developed an online training-of-trainers (TOT) course. The TOT and awareness sessions review characteristics of children with an FASD; secondary disabilities; needed services; family stressors and coping strategies; and actions that schools can take.

The TOT course was conducted with over 200 participants from 18 states and Guam. These trainers then delivered school-based workshops in their States. The training materials, including a State how-to guide, are now available on CD. For more information about these materials and how to order them, visit www.edc.org.

National Indian Justice Center (NIJC)—Santa Rosa, California

NIJC has developed and tested a training curriculum on increasing FASD awareness for use in Native American Communities. It encourages a cooperative approach to referring and responding to persons with an FASD within tribal communities. The curriculum includes information on the medical and psychological aspects of FASD. It was developed for American Indian audiences, such as tribal court judges, law enforcement personnel, social and health service providers, tribal leaders, and educators. The curriculum has been tested with over 400 participants from tribes in California, Washington, Idaho, and Oregon. For more information about these materials and how to order them, visit www.nijc.org.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Supports Teaching Tools for Children With an FASD

NIAAA is supporting research to develop scientifically validated educational tools for children with an FASD. The tools focus on academic and daily living skills, such as fire safety and crossing the street. The games are being developed to accommodate learning differences in children with an FASD.

Virtual Reality Aids (VRA) received a grant to develop a Safety Skills Training Program. NIAAA is funding the program through the Small Business Innovation Research (SBIR) grant program. VRA is evaluating the efficacy of the virtual reality approach. They are also developing additional games for skills such as crossing the street. For more information and access to all of VRA's resources, visit www.do2learn.com.

Scene from Fire Safety Game

National Organization on Fetal Alcohol Syndrome (NOFAS) Launches Affiliate Program

NOFAS's new Affiliate Program is off to a strong start with four new affiliates. Recently, NOFAS added affiliates in Alaska, Connecticut, Oregon, and Washington. In addition, NOFAS reconstituted agreements with:

- California Fetal Alcohol Spectrum Organization (CalFAS) (www.calfas.org/)
- Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) (www.mofas.org/)
- NOFAS South Dakota, formerly known as the FASD Institute at the University of South Dakota (www.usd.edu/cd/nofassd)

The Affiliate Program is supported by a subcontract with the FASD Center for Excellence.

continued on next page

The program will foster greater communication and collaboration between private, national, and State FASD efforts.

NOFAS will not consider its affiliation efforts complete until a network of affiliates has been developed in every State and community throughout the United States.

Through these relationships, NOFAS and its affiliates will collaborate to:

- Build community coalitions
- Conduct public outreach
- Develop educational materials
- Coordinate awareness efforts
- Create media awareness campaigns

NOFAS has ambitious goals for its Affiliate Program. NOFAS President Tom Donaldson explains, "Since FASD exists in every community nationwide, NOFAS will not consider its affiliation efforts complete until a network of affiliates has been developed in every State and community throughout the United States."

Minnesota Organization on Fetal Alcohol Syndrome (MOFAS) Fosters "Seeds of Success"

Seeds of Success (Project SOS) is an education and outreach program MOFAS developed for individuals with an FASD and their families.

Project SOS works to strengthen relationships between families and schools by building partnerships, providing resources, and improving the education system for children with an FASD. Parents and professionals work together to create more appropriate approaches to Individuals With Disabilities Education Act (IDEA) requirements and Individualized Education Plans (IEPs).

Strategies and resources available to participating families are:

- Family support services
- Individual advocacy for children and families affected by FASD
- "Hand and Hand"
- Parent to Parent Connection
- Referral and information

For more information on Project SOS, visit www.mofas.org/.

Canada Raises FASD Awareness

Ontario Adds Warning Signs About Alcohol and Pregnancy

On February 1, Sandy's Law took effect in Ontario, Canada. The law requires establishments licensed to serve or sell alcohol to post warning signs about the risks of alcohol use in pregnancy. Member of Parliament Ernie Parsons introduced Sandy's Law last year. His adopted son Sandy died at 25 of a brain aneurysm caused by an FASD.

Government regulations provide details about the types of places subject to the law. They also specify the size and images for the signs and where the signs must be posted. The required wording is: "**Warning:** Drinking alcohol during pregnancy can cause birth defects and brain damage to your baby. 1-877-FAS-INFO. www.alcoholfreepregnancy.ca."

Parsons estimates that each year, 3,000 babies in Canada are born with an FASD. For more information about the warning signs, visit www.beststart.org/apcampaign/warning_signs.html.

SAMHSA's FASD Center for Excellence Forges New Partnerships To Serve Native Communities

Native American and Alaska Native communities have the highest rates of FASD in the Nation. To address this issue, SAMHSA's FASD Center convened its first meeting with Native American/Alaska Native stakeholders on February 2–3, 2005, in Oklahoma City. The FASD Center invited tribal representatives and FASD experts to make recommendations to its Steering Committee. These activities support the Center's effort to build FASD prevention and intervention systems in Native communities.

Most of the meeting was devoted to creating a strategic plan to address FASD in Native American and Alaska Native communities. Participants drafted specific goals and objectives and identified priority areas (see box). Their ideas included practical steps to address FASD in Native communities.

The FASD Center and the Native American/Alaska Native stakeholders will continue to network and exchange ideas. The strategic plan and the recommendations will provide a springboard to launch the Center's next steps. A full report from the meeting will be delivered to the FASD Center Steering Committee at its June meeting.

FASD Priority Areas for Native American and Alaska Native Communities

- Obtaining buy-in from elected tribal officials
- Addressing and reducing stigma related to FASD
- Gathering information on available resources, such as products and funding
- Conducting training of trainers
- Identifying best practices, using indigenous knowledge
- Adding an FASD component to existing treatment and service systems and providing services where needed
- Establishing a working relationship between States and tribes
- Convening a caucus of Indian leaders

Building FASD State Systems Initiatives Kickoff Meeting

Ten State initiatives kicked off in December as part of the FASD Center's ongoing Building FASD State Systems efforts (see box on p. 7 for State agencies coordinating the project). Through subcontracts with the FASD Center, the States will address FASD prevention and treatment. The subcontracts give the States a great opportunity to improve quality of life and outcomes for individuals, families, and provider systems.

The goal of the State initiatives is to integrate FASD into existing State service systems or to create State systems that address FASD.

The kickoff meeting gave subcontractors an opportunity to network and identify specific goals and needs. The State subcontracts focus on developing comprehensive systems of care, approaches to prevention and treatment, and approaches that are sustainable, replicable, and adaptable to different cultures. In addition, the projects can begin to use evidence-based practices and strategies that have been effective with other disorders and systems. Through what they learn on these projects, States can become mentors to other States.

The State subcontractors are now forming committees and task forces, working on needs assessments, and preparing for the next Building

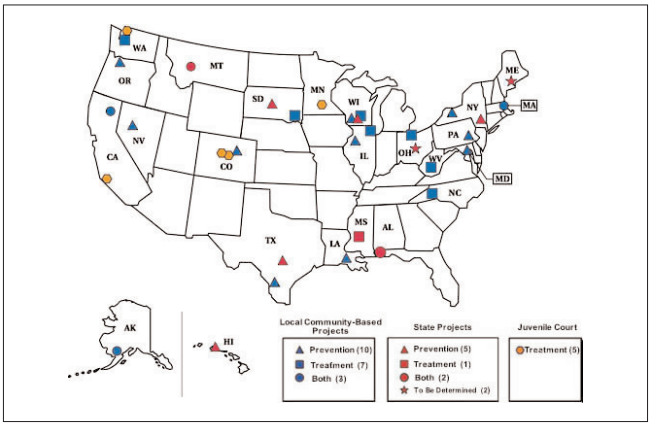
State Subcontractors

- Hawaii State Department of Health
- Maine Office of Substance Abuse
- Mississippi Department of Mental Health
- Montana Department of Public Health and Human Service
- New York State Office of Alcoholism and Substance Abuse Services
- Ohio Department of Alcohol and Drug Addiction Services
- South Dakota Department of Human Services
- Texas Office for Prevention of Developmental Disabilities
- University of South Alabama
- Wisconsin Department of Health and Family Services

FASD State Systems meeting. More information on the State projects is available at www.fasdcenter.com/state/index.cfm.

The Center funds 20 local community subcontracts, 10 State subcontracts, and 5 juvenile court subcontracts (see map).The kickoff meeting for the juvenile court subcontracts was planned for March. More information on those projects is available at www.fasdcenter.com/juvcourt/index.cfm.

FASD Center Subcontracts



Guest Editorial: Q & A With Dr. Paula Lockhart

Paula J. Lockhart, MD, is an assistant professor of Psychiatry at the Johns Hopkins School of Medicine and Director of the Behavioral Teratology Clinic at the Kennedy Krieger Institute in Baltimore, Maryland. She graduated from Georgetown University School of Medicine in 1983. She completed her general psychiatry training at Georgetown Hospital in 1986 and her child psychiatry fellowship at the Johns Hopkins Hospital in 1988. She has been treating clients with an FASD for nearly a decade. The FASD Center e-mailed Dr. Lockhart questions about her work. Her answers follow.

What is your primary area of expertise?

I am board certified in general psychiatry and child and adolescent psychiatry. My primary area of interest and expertise is the assessment and treatment of childhood psychiatric disorders in children with developmental disabilities, with an emphasis on prenatal alcohol exposure. Because of its complexity and the lack of psychiatric information available on FASD, the basic literature and my patients continue to be my teachers and make this a work in progress.

How did you get interested in the field of FASD?

During my child and adolescent psychiatry fellowship at Johns Hopkins Hospital, I evaluated children with developmental disabilities at the Kennedy Krieger Institute next door. I noticed that many of the children I evaluated with behavior and emotional problems had in utero exposure to substances of abuse. These children were very behaviorally and cognitively impaired. Their challenges at home, school, and in the community appeared much more extreme than other children. This interest carried over into my psychiatry practice in the U.S. Public Health Service and continued when I returned to Kennedy Krieger Institute to assume a faculty position in the Department of Psychiatry.

It wasn't until the mid-1990s that I learned about the effects of prenatal alcohol exposure at "Understanding the Occurrence of Secondary Disabilities in FAS and FAE" in Seattle, conducted by Dr. Ann Streissguth and her research team. This opened my eyes to the very important role psychiatrists can have in identifying and treating alcohol-related disability and helping families find resources. I began to focus my clinical practice on this population of children and continue to this day.

What types of clients do you see? Do you primarily work with children or adults?

I see children and adolescents mostly but have treated adults. My practice is very limited at this time because of several clinical research projects I am now conducting.

You do a lot of evaluations. What challenges do you face dealing with families and individuals who may be affected by FASD?

Many of the individuals I've evaluated have primary emotional problems as well as behavioral and emotional problems arising from executive functioning and other cognitive abnormalities. Many have problems with cognition, memory, attention, and other areas, making life more challenging. Because we assume that children with average IQ can function in all these areas, these individuals are constantly put in situations where they are at a huge disadvantage. This can lead to acting out, rage, frustration, anxiety, combativeness, and poor academic performance.

Parents with alcohol-exposed children often question their ability to parent, are given wrong advice, and are often seen by helping people as neurotic or punitive. These problems often lead to depression, anxiety, marital problems, and stress-related physical problems. Because many individuals with an FASD look and superficially act like average children, their disabilities can be invisible and present a major challenge to parents. This is where helping professionals that know about FASD come in. They can diagnose patients, obtain a profile of cognitive functioning, ask parents and teachers about their knowledge about FASD, and get a sense of the overall picture.

Parents with alcohol-exposed children often question their ability to parent.

Integrating emotional, behavioral, and social issues with cognitive functioning is essential in determining why the child or adolescent is having difficulties. It also gives an opportunity to educate those in contact with the child. I've found parents and guardians very happy to find out that the child is not just refusing to comply and that their expectations may not fit the child's level of understanding. For example, an 8-year-old may function in some areas like a 4-year-old. When this is explained to parents and caregivers, they can change their expectations, communicate better, and advocate for the child more effectively. This can decrease anxiety and frustration, improve children's self-esteem, decrease parent/child distress in adolescence, and keep children in the home until they are ready to emerge.

This last point is important because the breakdown of relationships and lack of effective support may lead children to seek companionship in the streets or use drugs and alcohol. We need to start working on these issues early, especially with those who have many risk factors for a negative behavioral outcome, such as abuse, multiple homes, lack of appropriate school placement, and hostility from the primary caregiver, who may view the child as incorrigible rather than disabled.

You participated in a meeting the FASD Center sponsored for women in recovery. Have any of the women who participated in the meeting come to you for advice or help in evaluating their children for prenatal alcohol exposure? What was that experience like? Did it help that they'd learned about FASD at the meeting?

A few families contacted us and brought their children in for evaluation who heard of or participated in the meeting. I believe this event did

much to raise the consciousness of parents to understand that there may be more going on with their children than they expected.

Dr. Lockhart speaking at women's summit

You're working on a project for NIAAA called "The Neurobiology of Attention in Fetal Alcohol Syndrome." What does that research involve? When can we see the findings?

This project aims to understand the relationship between structure and function of the central nervous system in individuals with prenatal alcohol exposure as it relates to attention problems. It also aims to determine if individuals with attention deficit/hyperactivity disorder (ADHD) without alcohol exposure have the same or different neuropsychologic, psychiatric, and anatomic characteristics compared to individuals with prenatal alcohol exposure. We hope to finish recruiting by the end of fall 2005 and have results completed by spring 2006, if not sooner.

What is the biggest challenge in FASD prevention and treatment?

There are many challenges in FASD prevention and treatment:

- Educating all women, especially those who are addicted, about the dangers of drinking during pregnancy
- Developing effective State surveillance systems to track alcohol-exposed births
- Educating physicians and allied health professions about prenatal alcohol exposure; the need to identify "at-risk" mothers, fathers, and children; and the need for longitudinal followup
- Having appropriate curricula for medical students, residents, and licensed physicians on diagnosis and treatment of fetal alcohol spectrum disorders
- Having a network of psychosocial support and treatment for individuals and families affected by FASD, respite, emergency care, short-term hospitalization, parent education, and case management
- Having educational settings well versed in the special educational needs of students with prenatal alcohol exposure
- Educating adoptive and foster parents about the special needs of children with prenatal alcohol exposure
- Creating State systems that are sensitive to the role they play in supporting services that respond to this population through the lifespan
- Understanding that we would save more lives and have a better financial bottom line if services were given from the beginning rather than having to catch up after the devastation takes place

We're hearing about diagnostic guidelines for FAS and clarification of the IOM criteria. What do you think about this work? What are your plans for using the information? What additional work do you think is needed?

I am excited about the efforts to reevaluate the diagnostic guidelines. I would like to see more data on the characterization of non-FAS alcohol-exposed individuals (those with alcohol-related neurodevelopmental disorder). If this much larger group is better defined, it will be less difficult for families to obtain needed services.

What do you think are the top priorities in the field of FASD? What types of research would you like to see? If money were no object, what's the main thing you'd like to see?

We have a lot of work to do in this field. Here are some priorities:

- We need all physicians and allied health professionals to learn how to counsel women and their significant others about the dangers of drinking during pregnancy.
- We might have better long-term outcomes if Social Services informed adoptive and foster parents about prenatal alcohol exposure and offered continuous support for respite and other services.
- We would benefit as a society from high-risk children being followed longitudinally and provided early intervention services.
- State developmental disabilities systems and mental health systems need to work together to help individuals with dual diagnoses.
- We need more treatment centers for women and men with alcohol and other substance use disorders.
- Every State should have its own advertising system for prevention of alcohol-exposed births like we do now for the antismoking campaign.

Is there anything else you'd like to share about your work or FASD? Any hopes or dreams or your wish list?

There is still much research that needs to be done. One of my main interests is a large study to compare psychotropic medications in this population. I'm particularly interested in the effect of stimulants on cognition and the effects of antidepressants on mood disorders. Another special wish is that all psychiatrists understand the neurotoxic effects of alcohol and know how to work with patients who are affected. Finally, I want every woman who is expecting to know that drinking during pregnancy can harm her unborn child.

On the Road Again: FASD Center Training Update

Neither rain, nor sleet, nor gloom of night can stop the FASD Center's trainers. This winter, the Center trained more than 300 people in 7 States, the District of Columbia, and Canada. Participants included:

- Mental health professionals
- Adoption professionals
- Educators
- Social service providers
- Substance abuse professionals, including Native American substance abuse professionals
- Justice system personnel
- Providers working with women and children
- Families
- Task force members

Training topics included:

- Fetal Alcohol Spectrum Disorders: Improving Outcomes in Prevention and Treatment by Recognizing Underlying Disorders
- Misdiagnosis and Co-Occurrence: Fetal Alcohol Spectrum Disorders in Our Systems of Care
- Working With Individuals Who Are "Difficult To Treat": Who Are They? What Can We Do To Improve Outcomes?
- They Just Don't Get It: Recognizing Underlying Disorders as Key To Improving Outcomes
- Techniques for Optimizing Success in Our Systems of Care: Identifying and Working With Individuals With Fetal Alcohol Spectrum Disorders
- Fetal Alcohol Spectrum Disorders: The Basics

continued on page 12

Dear Dan

I am a college student doing research on FASD. I'm interested in computer programs that can be used in the classroom to help teach a student with fetal alcohol syndrome. Can you suggest some types of computer programs that have been successful with these children or tell me where to find information about them?

Techno-Trainee

Dear Techno:

The subject of computer use in the field of FASD is not well documented, so I can't recommend any specific programs. Some people have found that computers can help individuals with an FASD. For example, many people with an FASD lack math and spelling skills because of their brain damage. Those individuals may benefit by using computers for math and spelling so that they can focus on life skills, such as how to follow a budget or fill out an application.

Computers can help in other ways as well. Individuals with an FASD commonly have sensory integration problems and may have trouble processing verbal information. They may not be able to distinguish background noise from spoken language or language addressed directly to them from conversations between others. Also, they often have problems interpreting the words, actions, and intentions of others. In addition, extraneous stimuli, such as classroom walls busy with posters or play areas filled with toys, may add to the confusion and stress level of individuals with an FASD and drastically reduce their ability to focus.

Many caregivers of persons with an FASD believe that computers help to focus the individual's attention on the task at hand by reducing outside stimuli, allowing the individual to experience the task through a controlled flow of information, and using multiple sensory inputs (e.g., auditory, visual, and tactile). Hardware and software may be available from AlphaSmart (www.alphasmart.com) or Enablemart (www.enablemart.com).

A number of computer math and reading programs have been reported to be successful for individuals with an FASD. Programs such as "Oregon Trails," "Interactive Journeys," and "Where in the World Is Carmen Sandiego?" use problem-solving skills through reading and listening cues. In addition, programs that enhance writing skills, such as word prediction software, can expand written language abilities. Programs such as "KidPix" and "Blocks in Motion" can help with visual spatial processing. However, none of these have been scientifically evaluated in a controlled study and reported in the literature. Virtual Reality Associates is developing games for children with an FASD (see page 4). Maybe that's something you can study in the future. Best wishes in your college career.

Have a question for Dan?

E-mail fascenter@samhsa.gov and include "Dear Dan" in the subject line. Letters may be edited for content and space. Please indicate whether you want your name and State published.

continued from page 10

Upcoming events include the Manitoba FASD Conference, Child and Adolescent Mental Health Conference, FAS Conference for Child Awareness Month, and the Arc of Illinois Statewide Convention.

Want to know more? Contact our Information Resource Center at 866-STOP-FAS (786-7327), e-mail fascenter@samhsa.gov, or complete the Training/Technical Assistance Request Form on our Web site, fascenter.samhsa.gov.

Kudos!

Peer Review

The FASD Center thanks the following peer reviewers for helping make FASD—The Basics the best it can be:

- Julie Conry, Assistant Professor Emeritus, University of British Columbia
- Julie Gelo, Parent and Family Advocate/Trainer, FAS Diagnostic and Prevention Network, University of Washington, and FASD Center Steering Committee member
- Edward Riley, PhD, FASD Center Steering Committee Co-Chair and Professor, San Diego State University

Outreach

Barb Wybrecht and her son, Rob Wybrecht, a member of the FASD Center Steering Committee, recently attended the FASD International Francophone Conference in Quebec. They met with Benoit Titran, the lawyer who successfully represented three French women in a lawsuit against wine manufacturers for failing to warn about the dangers of alcohol use during pregnancy.

Parents and Caregivers

The FASD Center recognizes the following individuals for serving on the parent and caregiver focus group. Rosanne Benn, Joan Carter, Dave Duncan, Lisa Léandre, Tom Mabie, and Denise Tilrico. The Center appreciates their invaluable input, which will help identify the most pressing needs of families affected by FASD.

Video Awards

The new video "Recovering Hope: Mothers Speak Out About Fetal Alcohol Spectrum Disorders" recently won the following awards:

- Award of Excellence (Tutorial/Training category) and Distinguished Award (Packaging Design category) from the Washington, DC, Society for Technical Communication, 2004-2005
- Award of Distinction (External Communications/Documentary category), The Communicator Awards, 2004. There were 2,937 video entries from 48 States, the District of Columbia, and 7 other countries.

For copies of the video, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686 and request item CR69, or visit ncadi.samhsa.gov.

FASD Center Web site

"I recently came across your Web site, and I have to tell you that of all the sites of FAS, I find yours to be the most informative. I also am very pleased and blessed that the word you are getting out is so positive. Thank you."

Sandy Dayton, Parent
Director, Moving Mountains

Upcoming Events

National Alcohol Screening Day, April 7, 2005, nationwide
For more information, call 781-239-0071 or visit www.NationalAlcoholScreeningDay.org.

Motherisk Update 2005, April 20, 2005, Toronto, Ontario, Canada
For more information, call Susan Santiago, 416-813-8084, e-mail susan.santiago@sickkids.ca, or visit www.motherisk.org.

The Arc of Illinois 55th Annual Convention, April 27, 2005, Lisle, Illinois
For more information, call Janet Donahue, 708-206-1930, e-mail: janet@thearcofil.org, or visit www.thearcofil.org.

Second Annual FASD Hill Day, May 17-18, 2005, Washington, DC
For more information, call Adam Litle, 202-785-4585 or 1-800-66NOFAS, or visit www.nofas.org.

Association of Halfway House Alcoholism Programs of North America 40th National Training Conference, June 1-4, 2005, Chicago, Illinois
For more information, call Sterling Gildersleeve, 480-610-8300 or 1-800-861-0599, e-mail ahhap@aol.com, or visit www.ahhap.org.

6th International FASD Awareness Day, September 9, 2005, worldwide
For more information, visit www.come-over.to/FASDAY/ or www.fasworld.com/home.ihtml.

If you're pregnant, don't drink.
If you drink, don't get pregnant.

For more information, visit fascenter.samhsa.gov or call 866-STOPFAS.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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